



EXHIBIT 3  
DATE 1/7/09  
HB NONE

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## Law and Justice Interim Committee

### 60th Montana Legislature

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## EXECUTIVE SUMMARY OF FINDINGS AND RECOMMENDATIONS TO THE 61ST LEGISLATURE

### ***Assigned studies***

The Legislative Council assigned the following joint study resolutions passed by Montana's 60th Legislature to the Law and Justice Interim Committee (LJIC) for the 2007-2008 interim:

- ▶ SJR 6 - study of the juvenile justice system;
- ▶ SJR 24 - study of prison population growth and alternatives for diverting drug offenders to treatment;
- ▶ HJR 26 - study of mental health treatment and diversion alternatives for justice-involved adults and youth; and
- ▶ HJR 50 - study of involuntary precommitment process and costs.

### ***Four main recommendations***

The LJIC recommends to the 61st Legislature the enactment of four bills to divert mentally ill individuals from the criminal justice system and from involuntary commitment at the Montana State Hospital (MSH) and to assist counties with costs for crisis intervention, jail suicide prevention screening, and precommitment costs:

- ▶ HB 130 - establishing a grant program for county crisis intervention and jail diversion programs. The preliminary cost estimate is \$615,937 from the state general fund in each year of the biennium. (*Sponsor: Rep. Stoker*)
- ▶ HB 60 - establishing a pilot project for a statewide jail suicide prevention program. The preliminary cost estimate is \$264,000 for FY2010 and \$189,000 from the state general fund for FY2011. (*Sponsor: Rep. Ebinger*)
- ▶ HB 131 - requiring that DPHHS contract for up to three secure psychiatric treatment beds in each of four mental health regions. The preliminary cost estimate is \$410,625 from the state general fund in each year of the biennium. (*Sponsor: Rep. Stoker*)
- ▶ HB 132 - allowing an involuntary commitment hearing to be suspended if the respondent agrees to be diverted to a 14-day short-term inpatient treatment program and requiring that DPHHS contract for up to three short-term inpatient treatment beds in

each of four mental health regions. The preliminary cost estimate is \$1.7 million from the general fund in each year of the biennium. (*Sponsor: Rep. Stoker*)

An explanation of the issues identified in the study process and highlights of the research findings are provided in the committee's final report.

#### ***Other recommendations related to assigned studies***

Other recommendations relevant to the assigned studies, but not highlighted in the final report, are as follows:

- ▶ SB 35 - requiring that when an inmate is being transferred to prison, all mental and physical health information in the possession of a jurisdiction be forwarded to the prison at the time the prisoner is transferred. (*Sponsor: Sen. Jent*)
- ▶ SB 91 - requiring that a youth be represented by an attorney at a probable cause detention hearing unless that right is waived after consultation with an attorney. (*Sponsor: Sen. Juneau*)

#### ***Oversight responsibilities and recommendations***

In addition to conducting its study assignments, the LJIC is responsible for on-going oversight and monitoring of matters related to the Department of Corrections, the Department of Justice, and the Judicial Branch. In the course of exercising these general duties, other issues arose. To address these, the LJIC recommends enactment of the following other bills:

- ▶ SB 50 - revising salaries for supreme court justices and district court judges. (*Sponsor: Sen. Shockley*)
- ▶ SB 125 - adding Judicial District 22 to the list of judicial districts represented on the judicial nomination commission. (*Sponsor: Sen. Shockley*)
- ▶ SB 10 - striking obsolete language concerning federal funding to research the impact of drug courts. (*Sponsor: Sen. Perry*)

#### ***Research findings but no recommendations***

SJR 24 - The LJIC focused on drug offenders and whether Montana's law should be changed to divert nonviolent drug offenders to treatment as an alternative to incarceration. Some of the LJIC's key activities involved:

- ▶ review of Department of Corrections (DOC) prison population reports and growth projections;
- ▶ examination of drug offender sentencing data and correctional treatment alternatives; and
- ▶ review of California's Proposition 96 to drug offender sentencing and treatment.

**SJR 6 and HJR 26** - The LJIC combined the aspects of these two studies that concerned the juvenile justice system and mental health treatment alternatives. The LJIC's key study activities were as follows:

- ▶ Focused on the need for inpatient psychiatric treatment services for juveniles in the youth court and correctional systems and decided not to pursue an in-state facility.
- ▶ Examined juvenile detention alternatives and disproportionate minority contact. Determined that the legislature should await outcome of Juvenile Detention Alternatives Initiative pilot projects in Havre, Great Falls, and Missoula areas.

***Research findings sampler - all studies***

- ▶ About half of all prison and jail inmates have mental health problems, and about three-fourths the inmates with mental health problems also have a substance abuse disorder. About 20% of all prison and jail inmates need psychiatric care, and about 5% are actively psychotic.
- ▶ Between 2003 and 2007, 18 Montana citizens committed suicide while incarcerated, 14 were in county jails. This rate is 5 times higher than the national average, based on statistics for the number of suicides per 100,000 inmates.
- ▶ When an involuntary commitment petition is filed by a county attorney, the county becomes the payer of last (some say *only*) resort for detention, examination, and treatment costs prior to a commitment determination.
- ▶ Before an involuntary commitment petition being filed and whenever a county attorney decides to not file a commitment petition, private providers are on the hook for the unrecoverable costs. These costs can be significant. St. Patrick Hospital in Missoula testified that the hospital's charity care for mental health treatment alone amounted to more than \$2.8 million in FY07.
- ▶ Lewis and Clark County sheriff's deputies transported 111 people to the MSH between January and October 2007. The estimated cost for transportation alone was between \$30,000 and \$40,000. Of the 36 counties that responded to a survey on precommitment costs, 18 said they relied solely on the MSH for emergency detention.
- ▶ In FY2007, there were 427 admissions to the MSH for emergency and court-ordered evaluations and, of those, 266 resulted in involuntary commitments, which translates to 63% percent of MSH admissions being for emergency and court-ordered detention pending a commitment hearing, and 38% of these not resulting in a commitment.
- ▶ Between FY 2004 and FY 2007, some of the highest precommitment costs reported in the HJR 50 survey were:
  - ▶ \$402,537 in Missoula County for FY 2005;
  - ▶ \$317,282 in Yellowstone County for FY 2004;
  - ▶ \$178,148 in Ravalli County in FY 2007;
  - ▶ \$108,700 in Cascade County in FY 2005;

- ▶ \$67,1214 in Lewis and Clark County for FY 2005; and
- ▶ \$62,265 in Gallatin County for FY 2004.
- ▶ Between 65% to 70% of all justice-involved youth suffer from a diagnosable mental disorder; and in 25% of these cases, functional impairment is significant. About 50% of the youth who suffer from a mental disorder also have a co-occurring substance abuse problem.
- ▶ American Indian youth were ticketed for 15.6% of all juvenile offenses; and 39% percent of Montana's incarcerated youth are American Indians.
- ▶ Based on 5 years of sentencing data, 95% of those convicted of felony drug possession or use received suspended, deferred, or alternative sentencing, while 5% (119 individuals) were sentenced to prison. Of those sentenced to prison, all but 6 had a record of prior drug offenses or other criminal offenses.

***For more information***

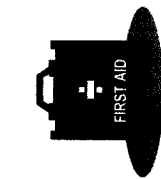
The LJIC's minutes, exhibits, staff reports, and other meeting materials, including audio files for meetings held in Helena, are available online at [www.leg.mt.gov/ljic](http://www.leg.mt.gov/ljic). The final report is also available at the committee's website or by contacting Sheri Heffelfinger at 444-3596 or [sheffelfinger@mt.gov](mailto:sheffelfinger@mt.gov).

# HOW THE FOUR KEY BILLS WORK TOGETHER

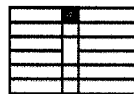
## Initial Response



Now: No state funding for:  
- crisis training for law enforcement  
- mental health professional  
- crisis response teams



Needed: Crisis centers for initial screening  
- collaborations like Billings Crisis Center and Billings Clinic offer local solutions, funding needed



Now: Jail diversion required by state law, but no state funding provided  
High jail suicide rates

### HB 130 (LC0307) - Grant Program (Rep. Stoker)

- DPHHS to administer
- reimburse up to 50% of local costs for eligible expenses, such as CIT training, crisis response teams, jail diversion, if DPHHS determines these to be eligible expenses
- Includes incentive to participate in LC0329 program, and precommitment cost insurance
- Cost: \$615,937 annually (preliminary est.)

### HB 60 (LC0329) - Jail Suicide Prevention (Rep. Ebinger)

- pilot project
- DPHHS to contract with mental health provider
- inmates screened via telephone or video
- jail risk management protocols triggered
- follow-up services if needed
- Cost: \$264,00 in FY2010; \$189,000 in FY2011

## Emergency Detention



Now: Patrol car therapy  
- transport to MSH  
- involuntary commitment proceeding initiated



LC0516 = LOCAL ALTERNATIVE regional beds for emergency detention and evaluation  
- reduces admissions to MSH  
- reduces county transportation costs

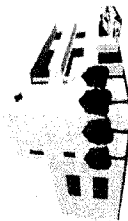
### HB 131 (LC0516) - Contracting for regional beds (Rep. Stoker)

- DPHHS to contract for beds
- up to 3 beds in each mental health region
- for emergency detention and evaluation
- contract can allow local flexibility
- Cost: \$410,625 annually (prelim. est.)
- supports LC0307 and LC0329 jail diversion and crisis intervention programs by providing a place to go other than jail or the MSH

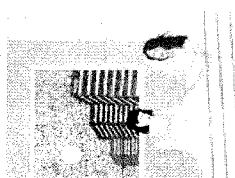
## Treatment



Now: Involuntary commitment hearing, commitment determination  
- court delays  
- increased treatment costs for counties



Now: Commitment is to MSH for up to 90 days  
- involuntary  
- stigma of commitment



HB 132 (LC0517) SHORT-TERM TREATMENT:  
- provided locally/regionally  
- no commitment hearing  
- voluntary agreement  
- no stigma  
- reduces MSH admissions  
- reduces county precommitment costs

### HB 132 (LC0517) - Diversion to short-term treatment (Rep. Stoker)

- Process streamlined
- court hearing on involuntary commitment suspended if attorneys and respondent agree to short-term treatment
- 14 days, can be released earlier
- hearing held if treatment refused, longer treatment needed, attorney requests
- Contracting for local beds
- DPHHS to contract for up to 3 bed each region
- Cost: \$1.7 million annually (prelim. est.)